



**OPEN RECORDS REQUEST  
CITY SECRETARY OFFICE**

**10405 Corporate Drive  
Post Office Box 110  
Sugar Land, Texas 77487-0110  
281-275-2730  
281-275-2316 Fax**

<b>Date:</b>	<b>Time:</b>
<b>Name:</b>	<b>Street:</b>
<b>City, State:</b>	<b>Zip:</b>
<b>Home No.:</b>	<b>Email:</b>
<b>Daytime No.:</b>	<b>Fax No.:</b>

**Please list the records that you are requesting to view or receive a copy. List specific dates if possible. If this is not possible, please list the beginning and ending dates. I understand that there may be a charge for this service. If that charge exceeds \$40.00, I will be notified prior to the processing of this request.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only</b>	<b>Date Request Received</b>
Date Information Provided: _____ Type of Information Provided: _____ Provided by: _____	